



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 5863

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/598,473	08/31/2006	514	1625	X-16723

**APPLICANTS**  
 Michael Gregory Bell, Indianapolis, IN;  
 Guoqing Cao, Carmel, IN;  
 Ana Maria Escribano, Alcobendas, SPAIN;  
 Maria Carmen Fernandez, Alcobendas, SPAIN;  
 Peter Ambrose Lander, Indianapolis, IN;  
 Nathan Bryan Mantlo, Brownsburg, IN;  
 Eva Maria Martin de la Nava, Alcobendas, SPAIN;  
 Ana Isabel Mateo Herranz, Alcobendas, SPAIN;  
 Daniel Ray Mayhugh, Carmel, IN;  
 Xiaodong Wang, Carmel, IN;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US05/09301 03/17/2005  
 which claims benefit of 60/557,134 03/26/2004  
 and claims benefit of 60/621,162 10/22/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 04/14/2007

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IN	0	22	3
Verified and /NILOOFAR RAHMANI/ Acknowledged Examiner's Signature	Initials				

**ADDRESS**  
 ELI LILLY & COMPANY  
 PATENT DIVISION  
 P.O. BOX 6288  
 INDIANAPOLIS, IN 46206-6288  
 UNITED STATES

**TITLE**  
 Compounds and methods for treating dyslipidemia

<b>FILING FEE RECEIVED</b> 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------